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(City/State/Zip/Phone #)		
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Deux Mains Distribution LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Oulie Colombino Name of Person
Deux Mains Distribution
810 S. K. Street Address
Lake Worth Beach, FL 33460 City/State and Zip Code JUILE @ deux mans. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (407) 832-1177 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25,00 Filing Fee \$\$30,00 Filing Fee & \$\$55,00 Filing Fee & \$\$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) \$\$Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Deux Mains Distribution (Name of the Limited Liability Compan (A Florida Limited Liability)	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company v Florida document number $\frac{L19000282899}{L19000282899}$.	were filed on November 13,2019 and assign	ed
This amendment is submitted to amend the following:		bbreviation "L.L.C." 2019DEC 23 PH 12 38
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liabilit		."
Enter new principal offices address, if applicable:	2019	
(Principal office address MUST BE A STREET ADDRESS)	DEC	• .
Enter new mailing address, if applicable:	PH 12	
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
B. If amending the registered agent and/or registered office at agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	ddress on our records, enter the name of the new re	egiste

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with a provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

City

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being ador removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
M6R	Julie Colombino	S.K Street	XJAdd
		Lake Worth Beach, FL	□Remove
		33460	□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Add
			□Remove
		·	□Change
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			□Add

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fective	e date, if other than the date of filing:(optional)
n effect ote: If	tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605, the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listent's effective date on the Department of State's records.
ecord s	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after d.
ted _	Docember 16 , 2019